

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000068984

1. Corporation Name

RIVERPOINTE FINANCIAL GROUP, INC.

FILED

01 JUN 25 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1301 RIVERPLACE BLVD., SUITE 910
JACKSONVILLE FL ~~32207~~

Mailing Address

1301 RIVERPLACE BLVD., SUITE 910
JACKSONVILLE FL ~~32207~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/30/1998

Suite, Apt. #, etc.

~~1301 RIVERPLACE BLVD., SUITE 910~~
6820 Southpoint Parkway

Suite, Apt. #, etc.

City & State

suite 3

City & State

Jacksonville FL

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32216

Country

DUAL

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CUSANO, DAVID A	1301 RIVERPLACE BLVD., SUITE 910 6820 SOUTHPOINT PKWY, # 3,	JACKSONVILLE FL 32207 32216
			100004462001--0 -07/06/01--01035--029 ****900.00 ****900.00
			REINSTATEMENT 00-01 78

8. Name and Address of Current Registered Agent

CUSANO, DAVID A
1301 RIVERPLACE BLVD., SUITE 910
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6820 → 6820 Southpoint Parkway

Suite, Apt. #, Etc.

suite 3

City

Jacksonville

State

FL

Zip Code

32216

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

6/15/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/15/01

Daytime Phone #

904-281-5220

CR2E040 (8/00)